



TRANSIENT CERTIFICATION REQUEST

For Graduate Programs

Name:		Last 4 Digits of SSN:		Date:	
Street Address:		City:		State:	
				Zip Code:	
Program of Study:					
Transient Certification desired for the following term and year:			Year: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer		
At (College/University):					
Street Address:		City:		State:	
				Zip Code:	
Reason for Request:					
Result Notification: If approved, a letter will be mailed directly to the other institution.					

TRANSFER COURSE(S) REQUESTED			MALONE COURSE EQUIVALENT		Office Use Only	
Course No.	Course Title	Credit Hours	Course No.	Course Title	Approve	Deny
<i>Example:</i>			<i>Example:</i>			
EDUC 508	Educational Statistics	3	EDUC 510	Techniques of Research		

STUDENT INFORMATION:

1. Transient certification will only be granted to students in good academic standing at Malone University (3.0 cgpa or higher).
2. Transient certification is required prior to the taking of coursework at other institutions. Course(s) may not be accepted at Malone University if prior approval is not obtained through the Program Director of the student's program.
3. When this request is approved by the Program Director, a copy of the form will be sent to the student.
4. It is each student's responsibility to know the transfer/transient policies of Malone University prior to seeking this status (i.e. only credit transfers, grades do not; **a minimum grade of B** is required in the course for transfer back to Malone University; graduating student's transient work must be in the Office of the Registrar before the end of the semester or graduation may be delayed; etc.).
5. The student must request an official transcript from the transient institution after the coursework has been completed. This official transcript must be sent directly from the issuing institution to the School of the Office of the Registrar at Malone University.

OFFICE USE ONLY		
Student ID: _____	Hours Completed: _____	CGPA: _____
Action: _____		
Program Director: _____	Date: _____	